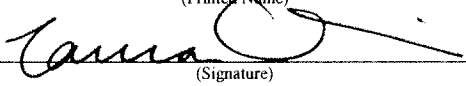


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Heinz-Josef LENZ, et al.
Title: POLYMORPHISMS FOR
PREDICTING DISEASE
AND TREATMENT
OUTCOME
Appl. No.: 10/522,664
International
Filing Date: 7/31/2003
371(c) Date: 8/3/2005
Examiner: Carla J. Myers
Art Unit: 1634
Confirmation
Number: 8635

CERTIFICATE OF ELECTRONIC TRANSMISSION I hereby certify that this paper is being electronically transmitted to the United States Patent and Trademark Office, Alexandria, Virginia via EFS-Web on the date below.
Laura Davis (Printed Name)
 (Signature)
March 5, 2009 (Date of Transmission)

REQUEST FOR CONTINUED EXAMINATION (RCE)
TRANSMITTAL

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. This RCE and the enclosed items listed below are being filed prior to the earliest of: (1) payment of the issue fee (unless a petition under 37 C.F.R. § 1.313 is granted); (2) abandonment of the application; or (3) the filing of a notice of appeal to the U.S. Court of Appeals for the Federal Circuit under 35 U.S.C. §141, or the commencement of a civil action under 35 U.S.C. §145 or §146 (unless the appeal or civil action is terminated).

1. Submission **required** under 37 C.F.R. §1.114: (check items that apply)

a. Previously submitted:

☐ Please enter and consider the amendment and/or reply previously filed on ____.

☐ Please consider the Affidavit(s)/Declaration(s) previously filed on ____ but not considered.

☐ Please consider the arguments in the Appeal Brief or Reply previously filed on ____.

b. Enclosed are:

☒ Amendment/Reply (14 pages).

☒ Affidavit(s)/Declaration(s) (9 pages).

☒ Information Disclosure Statement (3 pages).

☒ Form PTO/SB/08 (3 pages) with copies of 19 listed reference(s).

The filing fee is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Fee Totals
RCE Fee				\$810.00	= \$810.00
1.17(e):					
Total Claims:	27	- 25	= 2	x \$52.00	= \$104.00
Independents	6	- 6	= 0	x \$220.00	= \$0.00
First presentation of any Multiple Dependent Claims:				+ \$390.00	= \$390.00
CLAIMS FEE TOTAL:					= \$1304.00

[X] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

[]	Extension for response filed within the first month:	\$130.00	0	\$0.00
[]	Extension for response filed within the second month:	\$490.00		\$0.00
[X]	Extension for response filed within the third month:	\$1,110.00		\$1,110.00
[]	Extension for response filed within the fourth month:	\$1,730.00		\$0.00
[]	Extension for response filed within the fifth month:	\$2,350.00		\$0.00
EXTENSION FEE SUBTOTAL:				\$1,110.00
EXTENSION FEE ALREADY PAID: -				\$0.00
EXTENSION FEE TOTAL				\$1,110.00
CLAIMS AND EXTENSION FEE TOTAL:				\$2,414.00
[]	Small Entity Fees Apply (subtract ½ of above):			\$0.00
[]	Suspension of action requested under 37 C.F.R. § 1.103(c)			\$0.00
TOTAL FEE:				\$2,414.00

The above-identified fees of \$2,414.00 are being paid by credit card via EFS-Web.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment instructions in EFS-Web being incorrect or absent, resulting in a rejected or incorrect credit card transaction, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date March 5, 2009

FOLEY & LARDNER LLP
Customer Number: 38706
Telephone: (650) 251-1129
Facsimile: (650) 856-3710

By Antoinette F. Konski

Antoinette F. Konski
Attorney for Applicant
Registration No. 34,202